

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37214

FILED
Jan 21, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF CENTRAL RIDGE - CRYSTAL RIVER, INC.

Current Principal Place of Business:

508 N CITRUS AVE
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640986
BEVERLY HILLS, FL 344640986 US

New Mailing Address:

P.O. BOX 2514
CRYSTAL RIVER, FL 34423 US

FEI Number: 59-2959026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DALE R
100 SYCAMORE CIRCLE
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

D, PETER E T
899 W SILVER MEADOW LOOP
HERNANDO, FL 34442 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PETER E D

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: D'ELIA, PETER
Address: 899 W SILVER MEADOW LOOP
City-St-Zip: HERNANDO, FL 34442

Title: VD () Delete
Name: MILLER, DALE
Address: 100 SYCAMORE CIR
City-St-Zip: HOMOSASSA, FL 34446

Title: SD () Delete
Name: CHIASSON, BRENDA
Address: 2019 S GLENEAGLE TER
City-St-Zip: LECANTO, FL 34461

Title: TD () Delete
Name: MARX, JACQUELINE L
Address: 5860 W CINNAMON RIDGE DR
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: MARX, JACQUELINE L P
Address: 5860 W CINNAMON RIDGE DR
City-St-Zip: HOMOSASSA, FL 34448 US

Title: MR (X) Change () Addition
Name: NICHOLS, NICK V
Address: 818 E INVERNESS BLVD
City-St-Zip: INVERNESS, FL 34452 US

Title: MRS (X) Change () Addition
Name: CHIASSON, BRENDA
Address: 2019 S GLENEAGLE TER
City-St-Zip: LECANTO, FL 34461 US

Title: MR (X) Change () Addition
Name: D'ELIA, PETER E T
Address: 899 W SILVER MEADOW LOOP
City-St-Zip: HERNANDO, FL 34442 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER E D

MR

01/21/2009

Electronic Signature of Signing Officer or Director

Date